

FORM A
CRIME PREVENTION SPECIALIST
CERTIFICATION APPLICATION

Department of Criminal Justice Services

Applicant's Name: _____

Employing Agency: _____

Address: _____

Recommended by: _____

Signature: _____

Telephone: _____ Date: _____

A. Have you been certified by DCJS as a General Law Enforcement Instructor within the past five (5) years?

- ☐ Yes
☐ No

If you answered "NO" to question A, have you completed a comparable instructor development course?

- ☐ Yes
☐ No

If Yes, list type of course, dates of attendance, and who provided training. _____

B. Have you completed forty (40) hours of introductory crime prevention training?

- ☐ Yes
☐ No

If Yes, when and where did you complete your training: _____

Training provided by: _____

C. Have you received eighty (80) hours of additional crime prevention training in the past five (5) years?

- ☐ Yes
☐ No

If Yes, please provide the following information:

Dates	Hours	Training provided by
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Do you have at least three years (3) of experience working in a criminal justice agency?

- ☐ Yes
☐ No

If Yes, please list experience:

Dates	Agency
_____	_____
_____	_____
_____	_____

E. Do you have at least one (1) year of experience, within the past five (5) years, in providing crime prevention services?

- ☐ Yes
☐ No

F. Do you possess a crime prevention related designation from a nationally recognized organization or from another state?

- ☐ Yes
☐ No

If Yes, please provide the following:

Designation name: _____

Designating organization or state: _____

Date issued: _____

**PLEASE ATTACH DOCUMENTATION FOR ALL COMPLETED TRAINING
TO THIS APPLICATION AND RETURN TO:**

**Virginia Crime Prevention Center
Department of Criminal Justice Services
805 East Broad Street, n 10th Floor
Richmond, VA 23219
(804) 371-0635**